FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

FORM D

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0076 Expires: December 31, 1996 Estimated average burden hours per response. . . . 16.00

733/

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC US | E ONLY |
|--------|---------|
| Prefix | Serial |
| DATE R | ECEIVED |

| Name of Offering (check i | f this is an amendment and name has | changed, and in- | dicate change.) | |
|---|---|--------------------------|--------------------------|------------------|
| Series A-2 Convertible Preferre | d Stock | | - CMARCO | |
| Filing Under (Check box(es) that | t apply): 🗀 Rule 504 🗀 Rule 50 | 5 🗷 Rule 506 | Section 4(6) DUI | OE |
| Type of Filing: | ☐ Amendment | | S MAY A CO. | |
| | A. BASIC IDENTIFI | CATION DATA | | |
| 1. Enter the information request | ed about the issuer | | NEX! | |
| Name of Issuer (C) check if the Aliaswire, Inc. | nis is an amendment and name has ch | anged, and indica | ate change.) 164 section | |
| Address of Executive Offices | (Number and Street, City, | State, Zip Code) | Telephone Number (Incli | uding Area Code) |
| 770 Boylston Street, #14E | Boston, MA 02199 | | | |
| Address of Principal Business Offi different from Executive Offi | perations (Number and Street, City, Sces) | State, Zip Code) | Telephone Number (Incli | uding Area Code) |
| Brief Description of Business | | | | |
| healthcare-medical managemen | t services | | | PROCESSED |
| Type of Business Organization & corporation | ☐ limited partnership, already for | rmed | other (please specify): | MAY 1 4 2002 |
| ☐ business trust | ☐ limited partnership, to be form | | | THOMSON |
| Actual or Estimated Date of Inc Jurisdiction of Incorporation or | orporation or Organization: Organization: (Enter two-letter U.S.) CN for Canada: FN for | 1 0 1 Postal Service abb | | FINANCIAL DE |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemp tion, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each general and management | anaging partner | of partnership issuers. | | _ | |
|---------------------------------|------------------|---------------------------|---------------------|-------------|---------------------------------------|
| Check Box(es) that Apply: | ⊠ Promoter | ⊠ Beneficial Owner | ⊠ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first | , if individual) | | | | |
| Hossein Mohsenzadeh | | | | | |
| Business or Residence Addr | ess (Number a | nd Street, City, State, 2 | Zip Code) | | |
| 770 Boylston Street, #14E, | Boston, MA 02 | 199 | | | |
| Check Box(es) that Apply: | ☐ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | , if individual) | | | | |
| Richard Pearce | | | | | |
| Business or Residence Addr | ess (Number a | nd Street, City, State, 2 | Cip Code) | | |
| Chateau Perigord II, 6, Lac | ots St. Leon, Mo | onte Carlo, Monaco | | | |
| Check Box(es) that Apply: | ☐ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Armajaro Holdings Ltd. | | | | | |
| Business or Residence Addre | ess (Number a | nd Street, City, State, 2 | Cip Code) | | · · · · · · · · · · · · · · · · · · · |
| 16 Charles Street, London W1X 7 | HP England | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Rupert Barrett | | ' | | _ | |
| Business or Residence Addre | ess (Number a | nd Street, City, State, 2 | (ip Codé) | | |
| 13 Montpelier Row Twicke | nham Middlesex | TW12NQ England | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number a | nd Street, City, State, Z | ip Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ss (Number ar | ed Street, City, State, Z | ip Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ss (Number an | nd Street, City, State, Z | ip Code) | | |
| | | | | | |

| | | | | B. 1 | NFORMA | TION AB | OUT OFF | ERING | | ····· | | | |
|-------------------------|---|---------------------------------------|---|--|-------------------------------------|---|--|--|---------------------------|---|---------------------------|--------------|------------------|
| 1. Has | the issuer s | sold, or de | oes the iss | uer intend | to sell, to | non-accre | dited inves | stors in thi | is offering | ? | | Yes □ | No X |
| | | | | | | | n 2, if fili | | • | | | | |
| 2. Wha | at is the mir | nimum in | vestment th | hat will be | accepted | from any | individual? | · | | | | . s | |
| 3. Does | s the offeri | ng permit | joint own | ership of a | a single un | it? | | | | • | | Yes . ズ | No □ |
| sion to be list t | er the inform or similar re e listed is an the name of ealer, you n | emunerati n associate the broke | on for soliced person of er or deale | citation of or agent of r. If more | purchasers a broker than five | s in connec or dealer r (5) persons | tion with sa egistered w s to be liste | ales of secu with the SE ed are asso | irities in th C and/or | e offering. with a stat | If a perso e or state: | ກ s, | |
| Full Name | e (Last nam | ne first, if | individua | l) | | | | | | | | | |
| N/A | | | | | | | | | | | | | |
| Business (| or Residenc | e Address | (Number | and Street | t, City, Sta | ate, Zip Co | ode) | | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | · | | | - ,, | | |
| States in ' | Which Pers | on Listed | Has Solic | ited or Int | ends to So | olicit Purch | nasers | | | | | | |
| (Check | "All States | or chec | k individu | al States) | | | | | | | | □ All S | States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] [VA] | [ND] [WA] | [OH] | [OK] [WI] | [OR] [WY] | [PA] [PR] | |
| { RJ } | { SC } | { SD } | [TN] | [TX] | [UT] | [VT] | [7 / 1 | [MV] | [(() | [441] | [1 1] | |) |
| Full Name | e (Last nam | ie nrst, n | individuai | 1) | | | | | | | | | |
| N/A | | | | | | | | | | | | | |
| Business o | or Residence | e Address | (Number | and Street | , City, Sta | ate, Zip Co | ode) | | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | <u> </u> | | |
| States in ' | Which Pers | on Listed | Has Solici | ited or Int | ends to So | olicit Purch | nasers | | | | | | |
| (Check | "All States | " or chec | k individu | al States) | | | | | | | | □ All S | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [IL] | [IN] | [IA] | [KS] | {KY} | [LA] [NM] | (ME) | (MD) (NC) | (MA) [ND] | (MI] (OH) | [MN] [OK] | [MS] | [MO] [PA] | |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [UT] | [NY] [VT] | [VA] | [WA] | [WV] | [W] | [WY] | [PR | |
| | e (Last nam | | |) | | | | | | | | | |
| N/A | | | | | | - | | | | | | | |
| Business o | or Residence | e Address | (Number | and Street | t, City, Sta | ate, Zip Co | ode) | | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | | |
| Sana in 1 | Which Pers | on Lierad | Has Solie | ited or Int | ends to Sc | olicit Purch | nasers | | | | ···· | | |
| | Which Pers "All States | | | | | | | | | | | | States |
| (Check | [AK] | (AZ) | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [XX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | (PR) | J |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|----|---|--|----------|--------------------------------------|
| | Type of Security | Aggregation of the Aggregation o | | Amount Already Sold |
| | Debt | \$ <u>0</u> | | s 0 |
| | Equity | <u>\$1,500,000</u> |) | \$ 588,680 |
| | □ Common ⊠ Preferred | | | |
| | Convertible Securities (including warrants) | s 0 | | s 0 |
| | Partnership Interests | \$ <u>0</u> | | s 0 |
| | Other (Specify) | s 0 | | \$ ⁰ |
| | Total | \$1,500,000 |) | \$ 588,680 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Numbe Investor | - | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | | \$ 588,680 |
| | Non-accredited Investors | | | \$ |
| | Total (for filings under Rule 504 only) | | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | Type of | ſ | Dollar Amount |
| | Type of offering | Security | <i>i</i> | Sold |
| | Rule 505 | N/A | | \$ <u>0</u> |
| | Regulation A | N/A | | \$ <u>0</u> |
| | Rule 504 | N/A | | \$ <u>0</u> |
| | Total | | | \$ <u>0</u> |
| | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fces | | | s <u>0</u> |
| | Printing and Engraving Costs | | | \$ <u>0</u> |
| | Legal Fees | | Ø | s 1,500 |
| | Accounting Fees | | | s <u>0</u> |
| | Engineering Fees | | | s <u>0</u> |
| | Sales Commissions (specify finders' fees separately) | | | s 0 |
| | Other Expenses (identify) Blue Sky Filings | | × | \$ <u>600</u> |
| | Total | | X | \$ 2,100 |

| C. OFFERING PRICE, NUMBER OF INV | ESTORS, EXPENSES AND | USE | OF PROCEE | S | |
|---|---------------------------------|---------------|--|------------|----------------------|
| b. Enter the difference between the aggregate offering price tion 1 and total expenses furnished in response to Part C - ("adjusted gross proceeds to the issuer." | Question 4.a. This difference i | s the | | | s 1,497,900 |
| 5. Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any estimate and check the box to the left of the estimate. The tota the adjusted gross proceeds to the issuer set forth in respons | purpose is not known, furnis | h an coual | | | |
| | | | Payments to Officers, Directors, & Affiliates | | Payments T Others |
| Salaries and fees | ******************* | ⊠ \$. | 1,200,000 | | S |
| Purchase of real estate | | □ \$_ | | | s |
| Purchase, rental or leasing and installation of machinery | and equipment | ⊠ \$_ | 100,000 | | s |
| Construction or leasing of plant buildings and facilities . | | □ \$ _ | | | s |
| Acquisition of other businesses (including the value of se offering that may be used in exchange for the assets or s issuer pursuant to a merger) | ecurities of another | □ S _ | | | s |
| Repayment of indebtedness | | □ S _ | | | s |
| Working capital | | ⊠ \$_ | 197,900 | | S |
| Other (specify): | l | □ S _ | | | s |
| | | ⊐ s _ | | | s |
| Column Totals | | ⊠ s .¹ | ,497,900 | - : | s |
| Total Payments Listed (column totals added) | | | S \$1,49 | 97,90 | 0 |
| D. 1730E3 | AL SIGNATURE | | | | |
| The issuer has duly caused this notice to be signed by the underst collowing signature constitutes an undertaking by the issuer to fur uest of its staff, the information furnished by the issuer to any | nish to the U.S. Securities and | l Exc | hange Commis | sion, | upon written r |
| ssuer (Print or Type) Signature, | | · | Date | | |
| Aliaswire, Inc. | Ise Les | | 04 | 1/2 | 4/02 |
| | igner (Frint or Type) | | <u> </u> | 12 | 1/ |
| * * * | 1 / | | | | |

-ATTENTION

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)